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CONFIRMATION NO. 2682

SERIAL NUMBER 10/519,467	FILING or 371(c) DATE 12/27/2004 RULE	CLASS 514	GROUP ART UNIT 4133	ATTORNEY DOCKET NO.
APPLICANTS Robert Janitzek, Olongapo City, PHILIPPINES; ** CONTINUING DATA ***** This application is a 371 of PCT/PH03/00006 (*)Data provided by applicant is not consistent with PTO records. ** FOREIGN APPLICATIONS ***** PHILIPPINES 1-2002-000485 06/27/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <input type="checkbox"/> Met after Allowance <input type="checkbox"/> Trials STATE OR COUNTRY PHILIPPINES SHEETS DRAWINGS 0 TOTAL CLAIMS 7 INDEPENDENT CLAIMS 2				
ADDRESS W. NORMAN ROTH 523 W. 6TH STREET SUITE 707 LOS ANGELES, CA 90014 UNITED STATES				
TITLE Ciprofloxacin hcl				
FILING FEE RECEIVED 300	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	